

Filing Fee: \$50.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FILED

FEB 18 2002

By 01859281474

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- The legal name of the applicant business corporation, limited liability company or limited partnership is: Intrepid of Rhode Island, Inc.
- The fictitious business name to be used is Intrepid USA Healthcare Services
- The state or territory under the laws of which it is incorporated, or ganized or formed is Minnesota
- The date of incorporation, organization or formation is 3/24/1999
- If a business corporation, the address of its re gistered office within Rhode Island is 10 Weybosset Street, Providence, RI 02903
- If a business corporation, the business in which it is en gaged home health care
- Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: February 14, 2002

Intrepid of Rhode Island, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By

Signature of Officer for the Corporation

President

Title

or

By

Signature of Authorized Person for the Limited Liability Company

or

By

Signature of Authorized Person for the Limited Partnership